HEALTH CARE STAFFING

## Surgical Tech Skills Checklist

Name: $\qquad$ Date: $\qquad$

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a check $(\sqrt{ })$ in the appropriate box.

1 = No experience; Theory/observed only.
2 = Familiar with. You are familiar with the task, but you would need more experience and practice to feel comfortable and proficient in this type of skill.
3 = Experienced in. You have performed this task several times and feel comfortable functioning independently, but would require a resource person to be nearby.
4 = Expert. You have performed this skill frequently and feel comfortable and proficient. You would not require supervision or practice

| Skill Level | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: |
| Work Settings |  |  |  |  |
| Inpatient hospital |  |  |  |  |
| Level 1 trauma center |  |  |  |  |
| Outpatient setting |  |  |  |  |
| General Skills |  |  |  |  |
| Awareness of HCAHPS |  |  |  |  |
| Patient/family teaching |  |  |  |  |
| Restrictive devices (restraints) |  |  |  |  |
| Lift/transfer devices |  |  |  |  |
| Patient positioning |  |  |  |  |
| National Patient Safety Goals |  |  |  |  |
| Accurate patient identification |  |  |  |  |
| Effective communication |  |  |  |  |
| Infection control |  |  |  |  |
| Universal precautions |  |  |  |  |
| Care of the patient in isolation |  |  |  |  |
| Medication administration on sterile field |  |  |  |  |
| Labeling (medications \& specimens) on sterile field |  |  |  |  |
| Time out protocol |  |  |  |  |
| General Surgery |  |  |  |  |
| Abdominal perineal resection |  |  |  |  |
| Adrenalectomy |  |  |  |  |
| Bowel resection |  |  |  |  |
| Cholecystectomy/cholangiogram |  |  |  |  |
| Colostomy/ileostomy |  |  |  |  |
| Gastrectomy |  |  |  |  |
| Herniorrhaphy-femoral/inguinal |  |  |  |  |
| Hiatal herniorrhaphy transabdominal |  |  |  |  |
| Pancreatectomy |  |  |  |  |
| Organ procurement |  |  |  |  |
| Radical mastectomy |  |  |  |  |
| Saphenous vein ligation/stripping |  |  |  |  |


| Skill Level | 1 | 2 | 3 | 4 |
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| General Surgery cont... |  |  |  |  |
| Splenectomy |  |  |  |  |
| Thyroidectomy |  |  |  |  |
| Vagotomy |  |  |  |  |
| Breast biopsy |  |  |  |  |
| Mastectomy |  |  |  |  |
| Common bile duct explorations |  |  |  |  |
| Open appendectomy |  |  |  |  |
| Jejunostomy tube replacement |  |  |  |  |
| Liver biopsy |  |  |  |  |
| Excision of lipoma |  |  |  |  |
| Parathyroidectomy |  |  |  |  |
| Parathyroidectomy with transplant |  |  |  |  |
| Gynecology |  |  |  |  |
| Caesarean section |  |  |  |  |
| Dilation \& curettage |  |  |  |  |
| Hysterectomy - vaginal |  |  |  |  |
| Hysterectomy - abdominal |  |  |  |  |
| Radium insertion |  |  |  |  |
| Shirodkar procedure |  |  |  |  |
| Termination of pregnancy |  |  |  |  |
| Tubal ligation |  |  |  |  |
| Vaginectomy |  |  |  |  |
| Vaginal anterior repair surgery |  |  |  |  |
| Vaginal posterior repair surgery |  |  |  |  |
| Salpingo-oopherectomy |  |  |  |  |
| Endoscopic Procedures |  |  |  |  |
| Bronchoscopy |  |  |  |  |
| Endo/colonoscopy |  |  |  |  |
| Culdoscopy |  |  |  |  |
| Cystoscopy |  |  |  |  |
| Esophagoscopy |  |  |  |  |



| Orthopedic cont... |  |  |  |  |
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| External fixator |  |  |  |  |
| ORIF - ankle |  |  |  |  |
| ORIF - radius/ulna |  |  |  |  |
| Neurology |  |  |  |  |
| A-V malformation |  |  |  |  |
| Laparoscopic spine procedures |  |  |  |  |
| Burr holes for subdural hematoma |  |  |  |  |
| Carotid ligation |  |  |  |  |
| Cervical sympathectomy |  |  |  |  |
| Cranioplasty |  |  |  |  |
| Craniotomy |  |  |  |  |
| Discectomy/laminectomy |  |  |  |  |
| Halo traction application |  |  |  |  |
| Insertion of nerve stimulator devices |  |  |  |  |
| Myelomeningocele repair |  |  |  |  |
| Shunt procedure VP/ VA/LP |  |  |  |  |
| Spinal fusions |  |  |  |  |
| Ventriculostomy |  |  |  |  |
| Kyphoplasty |  |  |  |  |
| Spinal cord stimulator insertion |  |  |  |  |
| Cervical laminectomy |  |  |  |  |
| Lumbar laminectomy |  |  |  |  |
| Spinal fusion - cervical |  |  |  |  |
| Spinal fusion - lumbar |  |  |  |  |
| Panniculectomy |  |  |  |  |
| Plastics |  |  |  |  |
| Abdominal lipectomy |  |  |  |  |
| Blepharoplasty |  |  |  |  |
| Face lift |  |  |  |  |
| Mammoplasty |  |  |  |  |
| Augmentation |  |  |  |  |
| Reduction |  |  |  |  |
| Reconstructive |  |  |  |  |
| Liposuction |  |  |  |  |
| Otoplasty |  |  |  |  |
| Scar revisions |  |  |  |  |
| Skin grafting |  |  |  |  |
| Opthamology |  |  |  |  |
| Cataract extraction |  |  |  |  |
| IOL implants |  |  |  |  |
| Corneal transplant |  |  |  |  |
| Orbital implant |  |  |  |  |
| Enucleation |  |  |  |  |
| Repair orbital blowout fracture |  |  |  |  |
| Repair of retinal detachment |  |  |  |  |




Please list any areas of expertise below:
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I hereby certify that ALL information I have provided to Onyx Health Care Staffing this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.

Provider Signature: $\qquad$ Date: $\qquad$

